## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instru	ctions to the Form 5500	0-SF.			
Part I		dentification Information						
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/	2013	and ending 1	2/31/2	2013		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan	
<b>B</b> This re	turn/report is:							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under:		DFVC program					
	3	special extension (enter descr	iption)					
Part II	Rasic Plan Infor	mation—enter all requested info						
1a Name		mation—enter an requested into	Jilladoli		1h	Three-digit		
	•	PROFIT SHARING PLAN				plan number		
						(PN) <b>▶</b>	001	
					1c	Effective date o	f plan	
•						04/01		
	ponsor's name and add VELLS, DMD LLC	lress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identi		
TONTAWV	VELEO, DIVID ELO				0-	(=114)	31960	
					2C	Sponsor's telep		
	NATER COURT ILLE, KY 42240				2d		(see instructions)	
					Zu	6212		
3a Plan a	dministrator's name and	d address Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's		
	ELLS, DMD LLC		WATER COURT				331960	
	illo, bilib llo		/ILLE, KY 42240		3с		telephone number	
						270-886	6-8585	
1 If the	name and/or FIN of the	nlan enoneor has changed since t	he last return/report filed f	or this plan enter the	1h	CINI		
		plan sponsor has changed since to the plan sponsor has changed since to the plant return/report.	he last return/report filed f	or this plan, enter the	4b	EIN		
name		plan sponsor has changed since the sponsor the last return/report.	he last return/report filed f	or this plan, enter the	4b 4c			
name <b>a</b> Spons	, EIN, and the plan num or's name		· 				5	
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c 5a		5	
name a Spons 5a Total b Total	, EIN, and the plan num or's name number of participants a number of participants a	the from the last return/report.  at the beginning of the plan year  at the end of the plan year			4c			
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	ber from the last return/report.	he plan year (defined ben	efit plans do not	4c 5a			
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Form 5500-SF 2013 Page **2** 

Pai	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or .		(b) End of Year					
<u>'</u>	Total plan assets	7a	(a) Beginning of Tea				(b) Liid 0	6267	69		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	54048	8		626769					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(6) 10	.aı			
	(1) Employers	8a(1)	3685	3							
	(2) Participants	8a(2)	1491	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	12049	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17226	63		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8598	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						859	82		
i_	Net income (loss) (subtract line 8h from line 8c)	8i						862	81		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	าร:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		mount			
а				10a		X	-				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х					
c				10c	X				1000	0000	
d				100					1000	3000	
	or dishonesty?	······································		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part							ı				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Ye	s $\square$	No	
112	Enter the unpaid minimum required contribution for current year fr					11a			<u> </u>		
12	· · · · · · · · · · · · · · · · · · ·		,				EDISAS	☐ Ye	ς <mark>γ</mark>	No	
14	Is this a defined contribution plan subject to the minimum funding	-		oi se	CHUII	JUZ UI	LNISA!	П 16	~ <u>^</u>	. 10	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	, and e	enter th	ne date of the	e letter i	uling		
	granting the waiver.		Mon			Day		ear			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		ı	46:	ı				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)				
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan Form 5500-SF Department of the Treasury Internal Revenue Service

This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	➤ Complete all entries in accords	ance with the instruc	tions to the Form 550	0-8F.	<u> </u>	·
Part i Annual Report	Identification information					
For calendar plan year 2013 or fit		01/2013	and ending	3	12/31/2013	
A This return/report is for:	🔀 a single-employer plan 🔲 a	a multiple-employer pl	an (not multiemployer)		_ a one-particip	ant plan
B This return/report is:	the first return/report t	he final return/report				
	an amended return/report	short plan year return	/report (less than 12 m	onths)		
C Check box if filing under:		automatic extension			DFVC progra:	m
Check box it timing bridges.	special extension (enter description			_		
Part II   Basic Plan Info	rmation—enter all requested informat				•••	
1a Name of plan	11118 (1011 Billian Bill ledgested Impittles	1011		16	Three-digit	
	LLC 401K PROFIT SHARING	PLAN			plan number	001
					(PN) F	
					Effective date of 4/01/2001	
20 81	idress; include room or sulte number (em	mlayor if for a cingle.	employer plan)		• •	Ication Number
TONYA M WELLS, DMD	aress; include room of soils number (em LLC	iployer, il toi a elligie-	embioser bigni		(EIN) 61-133	
,					Sponsor's telepi	
300 COOL WATER COUR	T				270-886-85	
				2d 1	Business code (	see instructions)
HOPKINSVILLE	KY 42240			-	621210	
3a Plan administrator's name a	nd address 🏻 Same as Pian Sponsor Na	ımə Same as Plan	Sponsor Address		Administrator's : 61-133196(	
TONYA M WELLS, DMD	LLC					telephone number
					270-886-85	
300 COOL WATER COUR	T			-		
<b></b>						
HOPKINSVILLE	KY 42240					
	e plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name, EIN, and the plan nu a Sponsor's name	mber from the last return/report.			4c	PN	
	at the beginning of the plan year			_	<u> </u>	5
· ·	at the end of the plan year					4
	account balances as of the end of the pl			000		
	account balances as or the end of the pr			5c		4
6a Were all of the plan's asset	s during the plan year invested in eligible	assets? (See instruc	tions.)		••••	X Yes 🗌 No
b Are you claiming a waiver o	of the annual examination and report of a	n independent qualifie	d public accountant (IC	(PA		X Yes No
	i? (See Instructions on waiver eligibility a lither line 6a or line 6b, the plan canno					₩ 169 Π 140
	filt plan, is it covered under the PBGC ins					Not determined
		***				1 1101 0010111111100
	or incomplete filing of this return/repo					1 1
Under penalties of perjury and of	ther penalties set forth in the instructions and signed by an enrolled actuary, as well	, i declare that I have Il se the electronic ver	examined this return/report	port, ind t_and to	cluding, if applic o the best of my	able, a Schedule knowledge and
belief, it is true, correct, and com		II do II lo cicoli offic voi	OIOM OF BIRD TOTALIST APOL	.,	5 515 555t 57 11tg	Important and
1921-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	930(1)	1	TONYA M. WELL	S DI	<u>м</u> п	
SIGN HERE	- Liexx	IA ULAS			·	
Signature of plan a	administratory )	Date 10-14-14	Enter name of individ			ninistrator
SIGN /	<u>-/ کاکارا / </u>		TONYA M. WELL			
Signiture of emplo	yer/plan sponsor	Date 0-14-14	Enter name of individ	lual sign	ning as employe	r or plan sponsor
Preparer's hame (including firm )	name, if applicable) and address; include	room or suite numbe	r (opuonai)	Lebs	arers telephone	number (optional)
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Part III Financial Information									
7 Plan Assets and Liabilities	an Assets and Liabilities (a) Beginning of			_	(b) End of Year				
a Total plan assets	7a	54	048	8				526	769
bT otal plan liabilities				+					
C Net plan assets (aubtract line 7b from line 7a)	<u>7a</u>		048	8  <u></u>	62676				769
8 Income, Expenses, and Transfers for this Plan Year (a) Amount		(a) Amou <u>nt</u>			7.1	(b) T	otal	10 to 10 to 10	
Contributions received or receivable from:     (1) Employers	8a(1)		8685	77.0			or or vive of a con- Consideration of a ************************************		<u> </u>
(2) Participants	8a(2)		L491	9	1 N/ 790	50 (40 April 170) Walio Barrier	#1000000	.4: 4° 7	<u> </u>
(3) Others (including rollovers)	Ba(3)			5.7					11 12 A
bOthe rincome (loss)	8b		2049						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			JD	At 1. 1911	han a man, nan		172	2263
dBenefit s paid (including direct rollovers and insurance premiums to provide benefits)	8d		3598	2					<u> </u>
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>	8e			99	dh h		yaro de	háidt dá	(1947) / 
f Administrative service providers (salaries, fees, commissions)	8f			100	yan hi	yfullillesi:	4 jul 400	Missie etc	113.19
gOthe rexpenses	8g	****				igangeti.			
hT otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			. An					982
Net income (loss) (subtract line 8h from line 8c)	81	Tarres de la companya da la companya	Marin M						281
] Transfers to (from) the plan (see instructions)	8)			19 M				ÆREA.	11 (A)
Part IV Plan Characteristics									
9a If the pien provides pension benefits, enter the applicable pension to 2E 2G 2J 2R 3B 3D  b If the pian provides welfare benefits, enter the applicable welfare fellows.  Part V Compliance Questions									<u> </u>
10 During the plan year:				Yes	No		Amour		
Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x		-unour		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10ъ		х				
C Was the plan covered by a fidelity bond?	***************************************		10c	х				1000	0000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			"	
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х				
f Has the plan falled to provide any benefit when due under the plan			10f		х				
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				_
h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х	ayan ayin Siyo yayand		grada Hebba	
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			101						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П.	es	No
11a Enter the unpaid minimum required contribution for current year for	om Sched	ule SB (Form 5500) line 39			11a				
12 is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	00 86	ction	302 of	ERISA?	∏ Y	es X	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,  If a walver of the minimum funding standard for a prior year is being granting the walver.	g amortiz	ed in this plan year, see instruc		and e	nter ti Day		he letter Year_	ruling	l
if you completed line 12a, complete lines 3, 9, and 10 of Schedule					125	Ι			
bEnter the minimum required contribution for this plan year	***************************************		••••••		12Ъ	<u> </u>			—

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C Enter the amount contributed by the employer to the plan for this plan year		12c				
dSubtr act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	<u> </u>	lo 🗌	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			res X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			_ "	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the o	ontrol			Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred.( See instructions.)						
13c(1) Name of plan(s):	13	c(2) E	N(s)		(3c(3)	PN(s)
				$\neg$		
				-		
Part VIII Trust Information (optional)	<u>,                                      </u>			•		
14a Name of trust		<b>14</b> Б т	rust's El	N		